Finally, the patient had several convulsive seizures in quick succession, each lasting a few seconds, and during which the eyes and jaws were fixed, the extremities rigid, and consciousness completely lost, the patient afterward relapsing into the semi-comatose condition. At intervals the child had attacks in which she shrieked loudly, looked terrified, and tossed herself about in bed and grasped at anything or anyone near her. These attacks lasted for a few minutes, after which she became extremely exhausted, and relapsed into a comatose condition. They became more and more frequent and lasted longer, until finally death ensued. The treatment consisted of the administration of agents to relieve the nausea and combat the asthenia, and such diet as the stomach would be likely to tolerate. A tincture of suprarenal gland was obtained as soon as possible, but the few doses it was possible to administer afforded no basis for an opinion as to its efficacy.

Upon post-mortem examination the mucous membrane of the stomach and bowels was pigmented, in some parts more than others. Peyer's patches were enlarged, swollen, and deeply pigmented. The veins from all the abdominal viscera were dilated and full of fluid blood; the left renal vein was especially large. The mesenteric glands slightly enlarged; one exhibited caseous changes. Irregular patches of pigment were seen on the walls of the vagina. The suprarenal bodies were decidedly enlarged, the left much more so than the right. The left weighed 160 grains, and was two and a half inches long, and three-quarters of an inch in thickness; the right weighed 96 grains. Both were very hard and firm in consistence, and had an irregular, nodular, yellowish-colored surface. On section both presented precisely similar changes; the glands were very hard and fibrous, with here and there cretaceous nodules, some of which were surrounded by softer, more caseous material; both organs were adherent to neighboring structures. The gray, gelatinous substance and the greenish puriform material so frequently seen were absent. Microscopic examination confirmed the existence of fibroid changes.

Fatal Vomiting without Discoverable Cause.

Vickery (*Boston Medical and Surgical Journal,* vol. cxxxi., No. 13, p. 314) has reported the case of a man, thirty-eight years old, who three months before coming under observation complained of listlessness and fatigue. He lost some ten pounds in weight, and began the use of a nostrum believed to contain potassium iodide. While pursuing this plan of treatment some weight was regained, but a certain puffiness about the neck and face appeared. While engaged in repairing a burst steam-pipe the man became nauseated, and evacuated the contents of his stomach. For some days thereafter he did not feel badly in any way, except that his stomach was unable to retain food. There were considerable retching and vomiting, but the temperature was normal. The face appeared to be somewhat bloated and flushed, and the conjunctivæ were injected. The vomiting was for a time relieved, but soon returned. The right pupil was much dilated, but at a later date became normal, and the left dilated. Headache was a source of considerable annoyance. The urine at no time contained albumin. Rectal alimentation was employed, but in spite of all endeavors the patient died of exhaustion. On post-mortem examination the only abnormality detected was dilatation of the stomach with some thickening of its walls. The only explanation suggested is that the symptoms might have been due to the potassium iodide taken.

THE BACTERICIDAL ACTIVITY OF BLOOD-SERUM.

PANSINI and CALABRESE (*Centralb. f. Bakteriologie u. Parasit.*, Bd. xvi. No. 10, 11, p. 458) undertook an experimental study to determine what changes took place in the bactericidal activity of the blood-serum if the changes that take place in various morbid processes, such as gout and diabetes, are as nearly as possible artificially duplicated in the laboratory; the influence of the addition of small quantities of quinine approximately corresponding to that present in the blood after the administration of large doses of this drug; and in the case of a positive result to determine if it were possible by means of large doses of quinine to neutralize infection by pneumonia cocci, or at least to inhibit the development of these organisms.

The experiments show that the presence of grape sugar diminishes the bactericidal activity of blood-serum, and thus suggest an explanation of the virulent course of certain chronic infections, such as tuberculosis, or certain acute infections, such as pneumonia and surgical infection in cases of diabetes. It was further found that the addition of uric acid diminishes the bactericidal activity of the blood-serum. This may explain the susceptibility of persons of the uric-acid diathesis to such complications as pneumonia, meningitis, pleuritis, and nephritis. The addition of quinine in such quantities as would represent the proportion found in the blood after the administration of large doses was found to increase the bactericidal activity of the serum. Experimental observations upon a large number of mice inoculated with the diplococcus pneumoniæ showed that the injection of quinine in large doses exercised a curative effect. The results were less successful in the cases of rabbits, guinea-pigs, and dogs.

PREMONITORY SYMPTOMS OF HEPATIC CIRRHOSIS.

HANOT (*Revue gên. de Clinique et de Thêrap.*, No. 25, p. 294) points out that among the early signs of incipient cirrhosis of the liver are dyspeptic disorders. The appetite is impaired, digestion is difficult, tympanitis appears after eating, emaciation occurs, strength fails, and prostration develops. Vomiting is present, and resembles that due to alcoholism. Among the intestinal disorders, meteorism is most prominent. It is usually accompanied by obstinate constipation, sometimes alternating with attacks of diarrhœa. The biliary secretion is notably interfered with. Sometimes there occurs a pigmentary acholia, with discoloration of the fecal matters not due to the absence of bile, but to the resorption of biliary pigment and its elimination in the urine. This acholia is exceptional. Urobilinuria is the rule. This is due to an insufficiency of the hepatic function, as a result of which the hemaglobin of the blood is transformed into urobilin, and not into bilirubin. Thus the conjunctiva becomes icteric, and biliary pigment is absent from the urine, which yields the spectroscope reactions of urobilin. Alimentary glycosuria is not uncommon. The liver fails to transform into glycogen all of the saccharine or amylaceous alimentary matter. Among the early signs of cirrhosis